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808 Wilshire Blvd., Ste. 450
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Attorneys for Raam Pandeya and Sophia Ali

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

In re) Case No. 19-30088 (DM)
PG&E CORPORATION,)
and) Chapter 11
PACIFIC GAS AND ELECTRIC)
COMPANY) (Lead Case—Jointly Administered)
Debtors) **Declaration of Robert Bryson in**
Support of Motion to Amend Proofs of
Claim Nos. 27893 Filed by Raam
Pandeya and 28997 Filed by Sophia Ali,
or Alternatively, for the Allowance of a
Late-Filed Claim
Date: February 24, 2021
Time: 10:00 a.m. (Pacific)
Place: Telephonic/Video Appearance Only
United States Bankruptcy
Courtroom 17,
450 Golden Gate Ave., 16th Floor
San Francisco, CA 94102
Objection Deadline: February 17, 2021

Affects:

- ☐ PG&E Corporation
☐ Pacific Gas & Electric Company
☒ Both Debtors

* All papers shall be filed in the Lead
Case, No. 19-30088 (DM).

///

Declaration of Robert Bryson

I, Robert Bryson, say and declare as follows:

1. I am an individual over 18 years of age and competent to make this Declaration.

2. I am an attorney at law duly admitted to practice before all courts of the State of California, in addition to the United States District Court for the Northern District of California.

3. I am an attorney with the law firm of Robins Cloud LP (the "Firm"), attorneys for Raam Pandeya ("Pandeya") and Sophia Ali ("Ali," and together with Pandeya, "Movants"). Movants retained the Firm to represent them in connection with damages resulting from the 2017 North Bay Fire ("Fire").

4. The facts set forth below are true and within the scope of my personal knowledge, and if called upon to do so I could and would testify competently to these facts.

5. In October 2019, the Firm filed Proof of Claim No. 27893 on behalf of Pandeya ("Pandeya Claim"), a true and correct copy of which is attached hereto as Exhibit 1 and incorporated by this reference.

6. In October 2019, the Firm filed Proof of Claim No. 28997 on behalf of Ali ("Ali Claim," and together with the Pandeya Claim, "Claims"), a true and correct copy of which is attached hereto as Exhibit 2 and incorporated by this reference.

7. The Claims were prepared and filed under my supervision and state, among other things, that the Fire damaged Movants' home, which is located at 4901 Warm Springs Road, Glen Ellen, CA ("Home").

8. Due to an oversight by the Firm, the Claims omitted the fact that other real property owned by Movants, including 13370 Saddle Road, Glen Ellen CA (collectively, "Other Property"), was also damaged by the Fire. Attached as Exhibit 3 is a true and correct copy of a property profile obtained by the Firm confirming that Movants own the Other Property.

9. Unfortunately, I failed to notice the omission when I reviewed the Claims before they were filed, as did others in the Firm. It was not until January 2021 that the Firm's mistake was discovered.

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1 10. Movants seek to amend the Claims to include, among other things, averments for
2 damages related to the Other Property.

3 11. The sole purpose of the requested amendment is to fix the Firm's error and ensure that
4 Movants are fully compensated for the panoply of injuries they suffered as a result of Debtors'
5 actions.

6 12. This is Movants' first request to the amend Claims.

7 I declare under penalty of perjury that the foregoing is true and correct.

8
9
10 Dated: January 27, 2021



ROBERT T. BRYSON

EXHIBIT 1

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	PANDEYA, RAAM Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name: PANDEYA, RAAM Attorney Name (if applicable): Robins III, Bill Attorney Bar Number (if applicable): 296101 Street Address: 808 WILSHIRE BLVD. SUITE 450 City: SANTA MONICA State: CA Zip Code: 90401 Phone Number: (310)929-4200 Email Address: rbryson@robinscloud.com	Where should payments to the creditor be sent? (if different) Name: _____ Attorney Name (if applicable): _____ Attorney Bar Number (if applicable): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Email Address: _____
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date this Claim Form is Filed

7. What fire is the basis of your claim?	<input type="checkbox"/> Camp Fire (2018) <input checked="" type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire: _____)
8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.?)	Location(s): 4901 Warm Springs Rd, Glen Ellen, CA 95442-8741
9. How were you and/or your family harmed? Check all that apply	<input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) Name: _____ <input checked="" type="checkbox"/> Business Loss/Interruption <input type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input type="checkbox"/> Other (Please specify): _____
10. What damages are you and/or your family claiming/seeking? Check all that apply	<input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input checked="" type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input checked="" type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____
11. How much is the claim?	_____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/12/2019 (mm/dd/yyyy)

/s/Bill Robins III

Signature

Name

Bill

Robins

First name

Middle name

Last name

Title

Company

Robins Cloud LLP

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

808 Wilshire Blvd. Suite 450

Number

Street

Santa Monica

CA

90401

City

State

ZIP Code

Contact phone

3109294200

Email rbryson@robinscloud.com

EXHIBIT 2

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

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Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>ALI, SOPHIA</u> Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name: <u>ALI, SOPHIA</u> Attorney Name (if applicable): <u>Robins III, Bill</u> Attorney Bar Number (if applicable): <u>296101</u> Street Address: <u>808 WILSHIRE BLVD. SUITE 450</u> City: <u>SANTA MONICA</u> State: <u>CA</u> Zip Code: <u>90401</u> Phone Number: <u>(310)929-4200</u> Email Address: <u>rbryson@robinscloud.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Attorney Name (if applicable): _____ Attorney Bar Number (if applicable): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Email Address: _____
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date this Claim Form is Filed

7. What fire is the basis of your claim? Check all that apply.	<input type="checkbox"/> Camp Fire (2018) <input checked="" type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire: _____)
8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.)	Location(s): 4901 Warm Springs Rd, Glen Ellen, CA 95442-8741
9. How were you and/or your family harmed? Check all that apply	<input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) Name: _____ <input checked="" type="checkbox"/> Business Loss/Interruption <input checked="" type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input type="checkbox"/> Other (Please specify): _____
10. What damages are you and/or your family claiming/seeking? Check all that apply	<input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input checked="" type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input checked="" type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____
11. How much is the claim?	_____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

Part 3: Sign Below

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/09/2019 (mm/dd/yyyy)

/s/Bill Robins III

Signature

Name	Bill	Robins III
	First name	Last name

Title	Attorney at Law
-------	-----------------

Company	Robins Cloud LLP
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Identify the corporate servicer as the company if the authorized agent is a servicer.

Address	808 Wilshire Blvd. Suite 450	
	Number	Street

Santa Monica	CA	90401
City	State	ZIP Code

Contact phone	3109294200	Email	rbryson@robinscloud.com
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EXHIBIT 3



LIST 1
DETAIL

☒ 1 Property Address: 13370 SADDLE RD GLEN ELLEN CA 95442

Ownership

County: **SONOMA, CA**
 Assessor: **DEVA PROTO, ASSESSOR**
 Parcel # (APN): **054-230-034-000**
 Parcel Status: **ACTIVE**
 Owner Name: **PANDEYA RAAM & ALI SOPHIA N**
 Mailing Address: **13370 SADDLE RD GLEN ELLEN CA 95442**
 Legal Description: **2006 FM REM 054-230-021 SPLIT PER DEED**

Assessment

Total Value:	\$118,024	Use Code:	0050	Use Type:	VACANT
Land Value:	\$118,024	Tax Rate Area:	158-045	Zoning:	
Impr Value:		Year Assd:	2020	Census Tract:	1505.00/3
Other Value:		Property Tax:		Price/SqFt:	
% Improved:	0%	Delinquent Yr:			
Exempt Amt:		HO Exempt:	N		

Sale History

	Sale 1	Sale 2	Sale 3	Transfer
Document Date:	05/19/2010			05/19/2010
Document Number:	2010R041390			2010R041390
Document Type:	GRANT DEED			
Transfer Amount:	\$635,500			
Seller (Grantor):	BANK OF AMERICA NA			

Property Characteristics

Bedrooms:	Fireplace:	Units:
Baths (Full):	A/C:	Stories:
Baths (Half):	Heating:	Quality:
Total Rooms:	Pool:	Building Class:
Bldg/Liv Area:	Park Type:	Condition:
Lot Acres: 1.550	Spaces:	Site Influence:
Lot SqFt: 67,518	Garage SqFt:	Timber Preserve:
Year Built:		Ag Preserve:
Effective Year:		